STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155656	A. BUILDING 00 B. WING	06/08/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANTERBURY NURSING AND REHABILITATION CENTER	2827 NORTHGATE BLVD FORT WAYNE, IN46835

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F0000		F0000		

This visit was for a Post Survey Revisit (PSR) to a Recertification and State Licensure Survey completed on 4/29/11. This visit included the PSR to the Investigation of Complaint IN00089585 completed on 4/29/11.

This visit was in conjunction with the Investigation of Complaint IN00091466

Complaint IN00089585-Not corrected.

Survey dates: June 6, 7, and 8, 2011

Facility number: 000275
Provider number: 155656
AIM number: 100290930

Survey team:
Tim Long, RN-TC
Julie Wagoner, RN

Census bed type:
SNF/NF: 116
Residential: 15
Total: 131

Census Payor type:
Medicare: 15
Medicaid: 89
Other: 27

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Total: 131 Sample: 14 This deficiency reflects state findings cited in accordance with 410 IAC 16.2. Quality Review completed on June 10, 2011 by Bev Faulkner, RN			

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F0272 SS=E	The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the RAI specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed through the resident assessment protocols; and Documentation of participation in assessment.	F0272	It is the practice of this facility to ensure thorough follow-up assessments are completed on residents with infections. 1. Corrective action for alleged deficient practice: Res A & C were reviewed for needed assessment and current documentation. Res A & C's medical records were updated to reflect residents' current status and post acute charting started as	06/22/2011

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			needed. 2. Identification of other potential areas affected by alleged deficient practice: 100% chart review completed on 6-16-11 to ensure current documentation and assessments are reflective of residents current conditions. No changes in condition were identified. Nurse managers reviewed new resident's within last 30 days on 6-16-11 to identify and clarify active diagnosis. 3. System change to ensure deficient practice does not recur: License nurses were re-educated on assessment of conditions, comunication of conditions and auditing of documentation on 6-20-11. Non nursing staff were inserviced on monitoring and reporting change of conditions to nursing personnel on 6-20-11. Audit log to review for change in condition/required post acute documentation will be kept in front of the post acute binders. Discontinuation of monitoring will only be completed by a nurse manager when all components met, including documentation that condition is stable and resident is taken through IDT. Nurse Manager will do the final assessment of resident's condition and document that the condition is resolved/stable. 4. How corrective action will be monitored: Nurses will review audit logs with each off going nurse for accuracy and changes. Nurse Manager will	

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			determine during review of audits, 24 hr reports and physician orders of missing documentation and need for further follow-up. DON/or Designee will spot check post acute books for required documentation as follow up on nurse managers 5 times for 2 wks, then 3 times a week for 2 wks and then wkly thereafter. New admissions will be reviewed within 48 hours to ensure dx are active going forward and plan of care will be adjusted to refelect the resident's current status. Identified trends will be reviewed in CQI monthly times 3 months and quarterly thereafter to determine further education and/or further monitoring needs. Monitoring may be stopped when there are no identified trends consistent for 3 quarters. Any identified non-compliance will result in 1 on 1 re-education including progressive disciplinary action up to and including termination.	
	Based on observation, record review, and interview, the facility failed to ensure follow up assessments for infections and/or change of conditions were completed for 2 of 14 residents reviewed for infections and change of conditions in a sample of 14. (Residents A and C) Finding includes:			

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1. During the initial tour of the facility, conducted on 06/06/11 between 10:00 A.M. - 11:15 A.M., LPN #1 indicated Resident C was newly admitted to the facility, was on an antibiotic, which she received at dialysis for a bacteremia infection.

The clinical record for Resident #C was reviewed on 06/07/11 at 1:00 P.M., Resident #C was admitted to the facility on 05/27/11 with diagnosis, including but not limited to osteomyletis, bacteremia, and urinary tract infection (UTI).

The initial medication orders for Resident C included the antibiotic medication Vancomycin to be given intravenously at her dialysis treatments three times weekly.

A health care plan was initiated on 05/29/11 for the resident's infections with a surgical wound of the left below knee amputation, methicillin resistant staph aureus (MRSA) with no specific location indicated.

Interview with the Director of Nursing (DN) on 6/7/11 at 9:30 A.M., indicated she thought the UTI diagnosis was not a current diagnosis when the resident was initially admitted to the facility on 5/27/11. However, on 6/7/11 at 10:00

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	A.M., the DN presented an abnormal urinalysis completed at the acute care facility on 5/25/11 which indicated the resident had methicillin resistant staphylococcus aureus (MRSA) 51,000-100,000 organisms per milliliter and a greater than 100,000 coagulase negative staphylococcus aureus present in her urine. Review of the nursing notes, post acute charting forms, and the initial nursing assessment indicated the resident's urinary system was generally assessed on 05/27/11 and the resident's urine was assessed on 05/31/11 at 12:00 A.M., but there were no other assessments regarding Resident C's infections completed. Interview with the Director of Nursing, on 06/07/11 at 1:00 P.M., indicated the facility had completed an initial nursing assessment and because the resident was not symptomatic of urinary tract infections, there was no reason to continue to monitor the resident's urinary tract infection. 2. During the initial tour of the facility, conducted on 06/06/11 between 10:00 A.M. - 11:15 A.M., the (DN) indicated Resident #A had an eye infection. The clinical record was reviewed on			

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	06/07/11 at 1:45 P.M. Review of a physician's order, dated 06/03/11, indicated an order for erythromycin (antibiotic) ointment, 1/4 inch, to be administered to her left eye every 2 hours "over the weekend." An order was received on 06/06/11 to discontinue the erythromycin ointment and to give Vigamox (antibiotic) drops to the left eye three times a day and lactilube ointment every two hours. There were no nursing notes from 05/25/11 - 06/06/11. A nursing note, dated 06/06/11 at 2:30 P.M., indicated the resident had a doctor's appointment and orders were received for the lacrilube ointment and Vigamox ointment. There was no assessment of the resident's eye until 06/07/11 at 10:15 A.M., which indicated the resident's left eye remained reddened. Interview with alert and oriented Resident #A, on 06/08/11 at 9:30 A.M., indicated the previous week her left eye had started "burning unbearably" and was "painful." She indicated the nurse made an appointment immediately with the eye doctor. She indicated she had a chronic eye issue for which she saw the eye doctor routinely every 6 months, but this pain and burning was not like her routine eye condition symptoms.			

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	Visual examination of the resident on 6/8/11 at 9:30 A.M., indicated the resident's left eye was very slightly reddened and some dry matter was noted on the edge of her eye. The resident indicated she had recently had "ointment" put in her eye. The resident was also wearing thick lens eye glasses. Review of physician progress notes for Resident #A, for her appointment on 06/03/11, indicated the resident presented with severe dry eyes, marginal keratitis in the left eye, a plug on the tip of the LLL (left lower lid), a crack at the nasal canthus, and 3 healing corneal ulcers, and a mild infiltrate of the left cornea. Interview with the Director of Nursing, on 06/08/11 at 10:30 A.M., indicated the resident had chronic eye conditions and had previously received erythromycin ointment at bedtime due to her chronic blepharitis (inflammation of the hair follicles and glands along the eyelid) . She indicated she would have liked to have seen more documentation regarding the resident's eye condition. This deficiency was cited on 4/29/2011. The facility failed to implement a systemic plan of correction to prevent recurrence.			

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	This Federal tag is related to Complaint IN00089585. 3.1-31(c)(3)			